

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Groups and Interested Parties

FROM: John Pandiani

DATE: June 11, 1998

RE: Grant Application

Last week, DDMHS submitted a grant application to the federal Center for Mental Health Services requesting support for participation in a three-year Performance Indicator Project. CMHS plans to provide funding to ten states under this program. All of the states that receive funding will be required to produce 21 comparable measures of mental health program performance. Funding will also be used to help states develop performance indicators that meet their own unique needs.

A brief description of the proposed Vermont project and a list of the required performance indicators are attached.

I have also attached a list of the CMHC (community mental health center) abbreviations we have been using in weekly mailings, with a description of the geographical areas they serve and a description of the various CMHC programs. I hope this will be helpful to people who are not familiar with the details of Vermont's mental health service delivery system.

If you have any questions or comments, please give me a call (802-241-2638) or e-mail to pip@dmhs.state.vt.us.

Vermont Multi-state Performance Indicator Project

Project Overview

In April of 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) announced the availability of technical assistance grants to state mental health agencies to support implementation of selected performance measures that will be comparable in and among states. These grants will also support piloting of additional state-specific performance measures during the three-year project period. Grants to ten states are anticipated.

The Vermont Department of Developmental and mental Health Services (DDMHS) has applied for one of these State Performance Indicator grants. As part of this project, DDMHS would produce twenty-one performance indicators required by the federal program, and integrate these indicators into its ongoing planning and management process. The project would also produce indicators that will meet Vermont's unique needs for performance measures. These Vermont-specific indicators will focus on involuntary care and employment for adults, and community integration and stability of placement for children.

All of the work of the project will be guided by multi-stakeholder advisory groups that will meet quarterly to review the performance indicators to assure that the results are reasonable and understandable to people from diverse backgrounds. The advisory groups will also recommend future directions for performance indicators and information policy in Vermont. These advisory groups, which will be continuations of the advisory groups to Vermont's current Performance Indicator Project, will include direct consumers, family members, service providers, advocates, and state-level program administrators.

This project will build on a strong base of data collection capacity, methodological sophistication, and organizational readiness. Vermont currently has the capacity to produce at least 17 of the 21 indicators. Two of the remaining indicators (symptom reduction and school behavior) will require additional data collection. The others only require clearer definitions of terms.

The project will adopt a classic triage approach to accomplishing its goals. The performance indicators that are easiest to produce from existing data resources will be produced first followed by those that require more work. Indicators that require additional data collection will be the focus of preparatory work during the first year, preliminary data collection during the second year, and production during the third year of the project.

Vermont looks forward to working with other states on the refinement of the performance indicators to be used in this project. Vermont also looks forward to the opportunity to compare the performance of its system of care and its programs to the performance of similar systems of care and similar programs in other states.

Multi-state Performance Indicators
Proposed for CMHS State Indicator Pilot Grant Program

System Indicators

Per Capita Utilization Mental Health Services
Community Expenditures as Percent of Total Expenditures

Inpatient Indicators

Involuntary Admissions to State Hospitals
Readmissions within 30 Days to State Psychiatric Hospital
Use of Seclusion in State Psychiatric Hospitals
Use of Restraints in State Psychiatric Hospitals

Community Services

Consumers Contacted within 7 Days of State Hospital Discharge
Consumers Receiving Case Management
Consumers Receiving Supported Employment
Consumers Receiving Supported Housing
Consumers Receiving Assertive Community Treatment
Consumers Receiving Atypical Medications

Outcomes

Reduction in Symptoms
Change in Level of Functioning
Independently Living
Employment
School Behavior
Criminal Justice Involvement

Consumer Evaluations

Consumer Perception of Access
Consumer Perception of Appropriateness
Consumer Perception of Outcome

Community Service Providers

The Department of Developmental and Mental Health Services supports community mental health services provided by designated community service providers that serve designated service areas. Together these service areas cover the entire state. The following table includes provider abbreviations, service area names, and a description of the geographical service area for each provider.

CSAC (Addison)	The Counseling Service of Addison County serves Addison County less the towns of Granville and Hancock.
FGI (Franklin)	Franklin Grand Isle Mental Health services Franklin County and Grand Isle County.
HCHS (Howard)	The Howard Center for Human Services serves Chittenden County. The merger of Howard with the Baird Center and Champlain Drug & Alcohol Services in 1995 significantly expand the scope and volume of services provided. Comparisons to data on HCHS to previous years must keep this change in corporate configuration in mind.
LCMH (Lamoille)	Lamoille County Mental Health Services serves Lamoille County for adult services. For children services, LCMH is responsible for Lamoille County and the towns of Craftsbury, Greensboro, Hardwick, Stannard, Wolcott and Woodbury.
HCRSSV(Southeast)	Health Care and Rehabilitation Services of Southeastern Vermont serves Windham County and Windsor County less the towns of Bethel, Rochester, Royalton, Sharon and Stockbridge.
NEK (Northeast)	Northeast Kingdom Mental Health serves Caledonia, Essex and Orleans counties for adults. For children services, NEK serves these counties except for the towns of Craftsbury, Greensboro, Hardwick, Stannard, and Wolcott.
CMC (Orange)	Clara Martin Center provides mental health services to Orange County as well as the towns of Granville and Hancock in Addison County and the towns of Bethel, Rochester, Royalton, Sharon and Stockbridge in Windsor County. For children services, CMC serves the same region except for the towns of Orange, Washington, and Williamstown.
RACS (Rutland)	Rutland Area Community Services serves Rutland County.
UCS (Bennington)	United Counseling Services (UCS) serves Bennington County.
WCMH(Washington)	Washington County Mental Health Services serves Washington County for adults. For children services, WCMH serves all Washington County towns except Woodbury and includes Orange, Washington, and Williamstown.
NFI (Chittenden)	The Northeastern Family Institute (NFI) in Burlington provides intensive residential treatment for children and adolescents from all parts of the State of Vermont who are emotionally disturbed.

Program Description

The following is a brief description of the current programs supported by the DDMHS mental health division. Children's Services Programs provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services (individual, group and family therapy, and diagnostic services), although many agencies also provide residential services for children and adolescents who have a severe emotional disturbance.

Adult Mental Health Outpatient Programs serve individuals over 18 years of age who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention.

Community Rehabilitation and Treatment (CRT) Programs serve clients who are severely and chronically disabled because of mental illness. Frequently these programs are providing community services as an alternative to institutionalization. In addition to regular outpatient services, CRT programs provide day treatment services, case management services, vocational services and a variety of residential services to clients who have a chronic mental illness.

Emergency Services Programs serve individuals who are experiencing an acute mental health crisis. Emergency services include diagnostic and psychotherapeutic services such as evaluation of the client and the circumstances leading to the crisis, crisis counseling, and screening for hospitalization, referral and follow-up. These services are provided on 24 hour, 7-day per week basis with both telephone and face-to-face services available as needed.

The Vermont State Hospital is a state-operated psychiatric hospital located in Waterbury, Vermont. The hospital serves patients on both a short-term and a long-term basis. Short-term patients include individuals who are experiencing an acute psychotic episode and criminal defendants referred to the hospital for psychiatric evaluation of sanity and/or competency to stand trial. Longer-term patients include patients with a chronic mental illness who continue to be too actively psychotic to be integrated into the community, and patients whose mental disorders and physical handicaps make them difficult to place outside the institution.